

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. 157			
County of Gila				ORIGINAL CERTIFICATE OF BIRTH			
District of Globe				Co. Registrar's No. 230			
Town of				Local Registrar's No.			
or							
City of Globe				(No. St. Ward)			
FULL NAME OF CHILD Nash Jones				Born YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive NO			
Sex of Child	Male	Twin, Triplet or other	and	Number in order of birth	Legitimate? Yes	Date of Birth	4 19 20
						Month	Day Yr.
FATHER				MOTHER			
Full Name Samuel L. Jones				Full Maiden Name Anna Teague			
Residence Globe				Residence Globe			
Color or Race White				Color or Race White			
Age at last Birthday 44				Age at last Birthday 27			
Years				Years			
Birthplace Texas				Birthplace Arizona			
Occupation Miner				Occupation Housewife			
Number of child of this Mother 5				Number of Children, of this mother, now living 4			
				Were precautions taken against Ophthalmia neonatorum? Yes			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of the above child; and that it occurred on 4/19 1920 at 10,30 P.M.							
{ *When there is no attending physician or midwife, then the householder should make this return.							
Signature L.E. Wightman				Attending physician, midwife, householder.*			
Given or Christian name added from a				Address Globe, Arizona.			
supplemental report 191				Address			
512-419-135				A True Copy			
COUNTY REGISTRAR.				COUNTY REGISTRAR.			